

The following has been received in the U.S. Patent Office on the date stamped hereon:

☒ Postcard
☐ Transmittal
1 pg.
2 pgs Recordation Form PTO-1619A
3 pgs Assignment (Joint)

Serial No.: 09/730,671
Attorney Docket No.: CNTW-004/00US
Mail Date: January 29, 2001
Express Mail Label No. EL 841765288 US
Attorney/Secretary: Wayne Stacy/JCJackson
Inventor(s): Tindal et al.





EL 841765288 US

**POST OFFICE
TO ADDRESSEE**

| ORIGIN (POSTAL USE ONLY) | | | | DELIVERY (POSTAL USE ONLY) | | | |
|---|--|--|---------------|--|---|--------------------|--|
| PO ZIP Code | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> | | Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature | |
| Date In Mo. Day Year | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM | Postage \$ | | Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature | |
| Time In <input type="checkbox"/> AM <input type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee | | Delivery Date | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature | |
| Weight lbs. ozs. | Int'l Alpha Country Code | COD Fee | Insurance Fee | <input checked="" type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. | | | |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials | Total Postage & Fees \$ | | <input checked="" type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | | | |
| CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. | | | | Federal Agency Acct. No. or Postal Service Acct. No. | | | |
| FROM: (PLEASE PRINT) COOLEY GODWARD LLP 380 INTERLOCKEN CRESCENT STE 900 BROOMFIELD CO 80021-8023 CNTW-004/00 US | | | | TO: (PLEASE PRINT) Assistant Commissioner for Patents Washington, DC 20231 | | | |

PRESS HARD. You are making 3 copies. **FOR PICKUP OR TRACKING CALL 1-800-222-1811** www.usps.com

**POST OFFICE
TO ADDRESSEE**

EL 841765288 US

Customer Copy
Label 11-F August 2000

| ORIGIN (POSTAL USE ONLY) | | | | DELIVERY (POSTAL USE ONLY) | | | |
|---|---|--|---------------|--|---|--------------------|--|
| PO ZIP Code 80020 | Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> | | Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature | |
| Date In 01 01 01 Mo. Day Year | <input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM | Postage \$12.25 | | Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature | |
| Time In 5:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee | | Delivery Date | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature | |
| Weight lbs. ozs. | Int'l Alpha Country Code | COD Fee | Insurance Fee | <input checked="" type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. | | | |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials FLA | Total Postage & Fees \$12.25 | | <input checked="" type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | | | |
| CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. | | | | Federal Agency Acct. No. or Postal Service Acct. No. | | | |
| FROM: (PLEASE PRINT) COOLEY GODWARD LLP 380 INTERLOCKEN CRESCENT STE 900 BROOMFIELD CO 80021-8023 CNTW-004/00 US | | | | TO: (PLEASE PRINT) Assistant Commissioner for Patents Washington, DC 20231 | | | |

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com